

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/684,930
	Filing Date	March 31, 2008
	First Named Inventor	Magnus Nilsson
	Art Unit	1026
	Examiner Name	Y. L. CHU
	Attorney Docket Number	6979-0194PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 02202

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 02202

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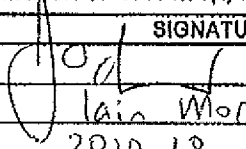
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Ian Morrison Vice President Medivir AB		
Date	2010 10 13	Telephone	+46 8 5468 3111

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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